

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 6129

Name Michael

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

L Coleman

ZIP Code ± 4

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and address of labor organization

Name Sheet Metal Workers Local 33

Labor Organization File Number 517-801

P.O. Box, Building and Room Number, if any

Street 3092 Greenwich Ln.	Street 3666 Carnegie Avenue			
City Brunswick	City Cleveland			
State Ohio ZIP Code + 4 44212	State Ohio ZIP Code + 4 44114 - 2714			
5. Position in labor organization. Business Representative				
	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, 3ldg., Room No., if any				
	7.b. Amount.			
Street				
City				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

O Lemen on 3/20/06 (216) 391-1645
Telephone Number

State

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Cleveland JATC		
Trade Name, if any: P.O. Box, Bldg., Room No., if any	 a. Labor Organization b. Trust c. Employer 	
Street 3666 Carnegie Ave.		
City Cleveland		
State Ohio ZIP Code + 4 44114-2714	1	
10. If 9.b. or 9.c. is checked give trust or employeds name.	11.a. Nature of such dealing.	
Name	Trustee training classes provided by the International Foundation.	
Trade Name, if any:	-airfare \$187.50	
	-hotel \$966.28	
P.O. Box, Bidg., Room No., if any	-meals \$138.49	
Street	11.b. Approximate dollar value of such dealing. \$1	,292
City	12.a. Nature of interest held or income received.	,
State ZIP Code + 4		
	12.b. Amount.	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.